

PRIVACY ACT STATEMENT

UNDER AUTHORITY OF TITLE 5, USC 301, INFORMATION REGARDING YOUR MILITARY STATUS IS REQUESTED TO ASSIST IN PROCESSING YOUR REENLISTMENT/EXTENSION IN THE IRR. THIS INFORMATION WILL NOT BE DIVULGED WITHOUT WRITTEN AUTHORIZATION TO ANYONE OTHER THAN THOSE WITHIN DON FOR OFFICIAL USE IN DETERMINING ELIGIBILITY FOR RETENTION IN THE IRR.

IRR REENLISTMENT / EXTENSION REQUEST

Complete this worksheet and mail or fax to:

Commanding Officer
Naval Reserve Personnel Center (Code N52)
4400 Dauphine Street
New Orleans, LA 70149-7800

Fax: (504) 678-6935

Name: (Last, First MI)		Rate:
SSN:		
Term of Reenlistment: 2 3 4 5 6 Extension: 2 3 4 Other__ (Months) (Note: Circle number of years. Extension with less than 2 yrs requires justification)		
E-mail address:		
Address:		
Phone Number:	Home:	
	Work:	

To the best of my knowledge and belief, my physical condition is substantially the same as when I was last physically examined by the Navy.

Signature:

Date:

NOTES:

- 1. You must be an E-3 or above on second term to Reenlist or Extend in the IRR.**
- 2. You must have an Re-1 Reenlistment code to qualify for Reenlistment or Extension.**
- 3. Attach a copy of your DD-214 to this request if available.**

If you have any questions you may contact an IRR Counselor at 1-800-535-2699.

NRPC 1040/1 (REV 11-99)